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Sept. 7, 2000  
Date of Signature

Our Case No. 5847/14

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
)  
Arch D. Robison )  
)  
Serial No. 09/552,292 )  
)  
Filing Date: 4/19/00 )  
)  
For: Data-flow Method for Optimizing Exception- )  
handling Instructions in Programs )

Group Art Unit: 2762

REQUEST FOR CORRECTION OF FILING RECEIPT

Assistant Commissioner for  
Patents  
Washington, D.C. 20231

Attention: Office of Initial Patent Examination's  
Customer Service Center

Sir:

Applicants request the issuance of a corrected filing receipt (copy enclosed) for the above-identified application, and in support of this request respectfully state:

U.S. Serial No. 09/552,292

Filed: 4/19/00

Page Two of Two

The residence of the inventor has been omitted and should be inserted as follows, as evidenced by a copy of the declaration filed with this application. Please insert - -  
Champaign, IL - -.

The Commissioner is hereby authorized to charge any fees required to Deposit  
Account No. 23-1925. A duplicate copy of this sheet is enclosed.

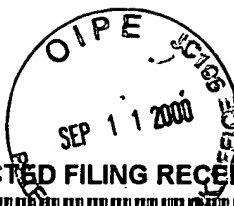
Respectfully submitted,

Dated:



Jonathan E. Retsky  
Registration No. 34,415  
Attorney for Applicants

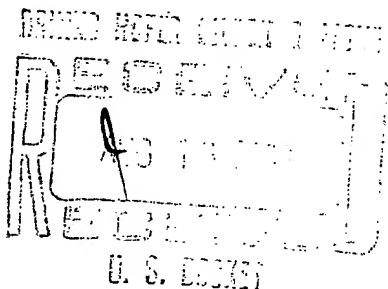
BRINKS HOFER GILSON & LIONE  
P.O. Box 10395  
Chicago, Illinois 60610  
(312) 321-4200

**CORRECTED FILING RECEIPT**

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**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**Address: ASSISTANT SECRETARY AND  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOTAL CLAIMS	IND. CLAIMS
09/552,292	04/19/2000	2762	690	5847/14	25	9	0

Jonathan E Retsky  
Brinks Hofer Gilson & Lione  
P O Box 10395  
Chicago, IL 60610

Date Mailed: 08/09/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Arch D. Robison, Residence Not Provided;

**Continuing Data as Claimed by Applicant****Foreign Applications**

If Required, Foreign Filing License Granted 06/29/2000

**Title**

Data-flow method for optimizing exception-handling instructions in programs

**Preliminary Class**

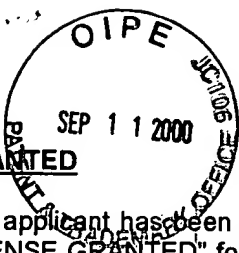
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Data entry by : JONES, KIMBERLY .

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Date: 08/09/2000



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/552,292	<b>FILING DATE</b> 04/19/2000 <b>RULE</b> -	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> 2762	<b>ATTORNEY DOCKET NO.</b> 5847/14	
<b>APPLICANTS</b> Arch D. Robison, Champaign, IL ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/29/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Jonathan E Retsky Brinks Hofer Gilson & Lione P O Box 10395 Chicago ,IL 60610					
<b>TITLE</b> Data-flow method for optimizing exception-handling instructions in programs					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		